

An In-depth Review of the Human Perspective in Modern Society—Part 2

—Considerations on the Proper Human Perspective and the Conceptual
Image of Humans in Regard to Health and Medical Care—

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Introduction

The perspective and conceptual image of humans held by human beings (hereafter “human perspective”) play a large role in defining the universal form of humanity and the concepts held by humans in regard to what mankind should be. The existence of this “human perspective” is an objective fact based on observable phenomena common throughout the world of mankind.

Humanity has long searched for answers to the questions, What are we humans? and How did this world we live in come into existence? However, without any satisfactory answers, such as *Humanity Explained!* or *The Proper Human Perspective!*, this eternal theme has remained an enigma, and even today we can not abandon our efforts to define its parameters, as in this in-depth review.

In general, it can be said that the “human perspective” is “an empirical and a common specific viewpoint supporting individual human knowledge.”¹⁾

To a large degree, the human perspective depends on philosophical research and scientific research on humans, and at present research is being conducted on this subject in the field of general science under the heading of “anthropology” (including cultural anthropology and educational anthropology). That is, in conformity with the various functions of culture, there is a tenancy to divide humans into constituent

1) Kayano, Yoshio, *Philosophical Anthropology*, Hanawa Shobo, 1969, p. 15.

parts, such as living beings, rational beings, political beings, economic beings, cultural beings, religious beings and beings with an instinct for play. Bundling these up into three main categories, we have the following:²⁾

- A. The “human perspective” of humans as natural living beings, based on the viewpoint taken in natural science research in the fields of biology and psychology.
- B. The “human perspective” of humans as social beings taken in the field of social science.
- C. The “human perspective” of humans as value seeking beings taken in the fields of psychiatry (cultural) and philosophy in regard to ideals and values.

Now, while the picture hasn’t been filled in completely, we do have the following examples as reference for an interpretation in regard to the essential nature of mankind.

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| 1. Aristoteles | “A socially active animal” (Animal social). |
| 2. Socrates | “A rational animal” (Animal rational). |
| 3. Blaise Pascal | “Man is a thinking reed.” (Roseau pensant). |
| 4. Ernst Cassirer | “An animal with a command of words” (Animal symbolism), “A tool-making animal” (Animal instrumenticum), “Man is a builder” (Homo faber). |
| 5. Johan Huizinga | “Man plays” (Homo ludens) |

Further, there are other interpretations of the essential nature of mankind, such as the Kantian concept of reason (Immanuel Kant), the moral interpretation (Georg Wilhelm Friedrich Hegel and Max Scheler) the sensitivity interpretation (Feuerbach), the view that the essential nature of man is “class” (Marcus Aurelius Antoninus), and the concept that “will,” or the will to live, itself is the essential nature of man (Friedrich Wilhelm Joseph Schelling, Arthur Schopenhauer and Friedrich Wilhelm Nietzsche).³⁾

In order to conduct an in-depth review of “the human perspective in modern society,” through an analysis of various issues related to health and medical care

2) Shidahodo, Yukichi, ed., *Educational Anthropology Research*, Horitsu Bunkasha, 1982, pp. 48-54.

3) Ito, Ryuji.; Ueda, Kaoru, and Wada, Shigemasa, *Welfare Concepts*, Hakujusha, 1976, pp. 187-188.

(especially problems related to human rights and welfare) this thesis was focused on “the proper human perspective,” including related policies, obstacles and contemporary themes, based on the observations and premises laid out in the previous study.⁴⁾

Here, we attempted to reveal the realities of various problems related to human rights and welfare (injustices being practiced on human equality and dignity), and with this as a backdrop, to review the present situation concerning “the human perspective” in regard to health and medical care, and further, with reference to the existing interpretation of this concept, we have attempted to draw a picture of the way the human perspective should be, a view of “the proper human perspective.”

Furthermore, the phrase “in-depth review,” as employed in this thesis, refers to that beyond the normal logical line of reasoning based on concrete data from individual case studies chosen from the real world, and refers rather to the development and transition of “The Indeterminate Situation” to “The Unified Situation.”⁵⁾

I. The Present Situation Regarding the Human Perspective in Modern Health and Medical Care

First, we would like to confirm the nature of the present situation in regard to “the proper human perspective in the world of health and medical care” in this modern society.

A. The fundamental question of What is mankind? has long remained largely unanswered, and today we have seen a revival in the fields of health and medical care to provide a viable reply to this enigma. This can be seen in regard to issues such as *Living Well* and *Informed Consent*, which are characteristic of mankind. In more concrete terms, the advent of state-of-the-art medical technology has brought new issues to bear, such as *Is brain death actually the same as the death of the person?*, which illustrate the reemergence of the question of the essential na-

4) Shinshun Suzurikawa, “An In-depth Review of the Human Perspective in Modern Society—Medical Care Issues Considered as Human Rights Issues”, Bukkyo University Research Institute, *Sogokenkyusho Kiyo*, Vol. 4, 1997, pp. 142-163.

5) Taniguchi, Tadaaki, *John Dewey's Essay on Humans*, Kyushu University Press, 1982, p. 26.

ture of mankind. This kind of topic serves to bring up, once again, questions like *What does it mean to be human?*⁶⁾ and *What are we humans?*⁶⁾

It can be considered that these issues are not necessarily concerned with the whole sphere encompassed by modern medical science and medical care. Rather, they can easily apply to the direct pursuit of answers to questions related to some cross-sections or parts of these fields or rather abstract research, and it may be considered that their emergence may cause them to be considered as applying to the whole of humanity (which is actually a very narrow-minded and simple viewpoint). For example, issues related to brain death and organ transplants, which have accompanied advances in modern medicine, are classic examples of this phenomena.⁷⁾

B. It is far too easy for medical care staff members (doctors and nurses) to view patients as biological specimens which they may employ freely, and there is a tendency for this kind of paralytic attitude to occur too often. As long as medical care is mere zoology or limited to the kind of science which looks at isolated organs, we stand the chance of losing sight of "humanity." For example, a patient on an operating stand in an operating room looks just like a carp on a chopping board in the kitchen. Also, we cannot ignore the fact that humans are often used as replacements for guinea pigs.

Thus even at the present, many have pointed out that many in the field of medical science, while treating humans as animal or biological specimens (bogged down in the mire of natural science alone and making no efforts for advancement), still consider that they are in a position of authority. If this tendency worsens, we stand the chance of witnessing a temporary but complete paralysis in the human sense of morals and idealistic passion. As an example of one possible development in this trend, we cannot ignore the possibility of once more seeing secret medical experiments being conducted on prisoners of a warring country.⁸⁾

6) Iijima, Shuichi and Kato, Nobuo, Editors-in-chief, *Humane Medical Science*, Nagoya University Press, 1997, pp. 40-87.

7) Iijima, Shuichi and Kato, Nobuo, Editors-in-chief, *Ibid.*, p. 89.

8) Komori, Kenkichi,; Yoshioka, Tsuyoshi,; Muroi, Osamu, and Minamizawa, Sadami, *Reflections on Human Education*, Horitsu Bunkasha, 1983, pp. 109-111.

Again, as if the historical precedents of iatrogenic cases of Smon Disease and thalidomide weren't enough, government organizations and pharmaceutical companies have repeatedly committed grievous blunders related to health and medical care, and the "human perspective" that would allow such acts has not, to date, been investigated in any way.

Further, there are far too many cases where people with limited income, people without anyone else to rely on for help and people who are unable to express their own will have been the victims of invasions of human rights. Taking for example a few cases that have been disclosed to public view, there are, among others, the rickets experiments on infant patients at Tohoku University, the artificial cardiopulmonary experiments at Keiou University, the experiments employing the bacteria causing harvest mite disease (chiggers) in injections on patients with mental disorders at Nigata University, the nutrition experiments on pupils at the National Public Health Hospital, the clinical experiments on infants at Kobe Medical University, the cancer experiments and heart transplants at Hiroshima University, and the experiments employing new medication on patients with mental disorders at Iwate Prefectural Nanko Hospital. In these and other cases, we have a clear indication of the existence of a warped human perspective.

C. Then we have the human perspective of the border between "life and death." Death is a fundamental issue in regard to the existence of humans, and especially in regard to "the definition of death in medical science," further rigorous studies are necessary from a universal humane viewpoint.

For example, from a medical standpoint, there is the question of what objective standards should be employed for confirmation of "brain death." This is the issue of how to determine the possibility of recovery for a patient who has fallen into the so-called "vegetable-like state." Again, it is certain that, based on a proper "human perspective," the establishment of an appropriate system to determine "agony" or "suffering" in regard to dignified death or euthanasia for someone receiving medical care, and its employment universally throughout the medical care system, would lend a breath of fresh air to the problem of the restoration of humanity in the field of health and medical care.⁹⁾

D. Then we have the “human perspective” related to that absolutely essential condition in the field of health and medical care, a “high regard for human life.” It is a well-known fact that, in general, preservation of life is the first prescript of the medical world, and that the taking of life is a taboo. However, from times long past, there have been countless cases where medical science has been misused for the evil purpose of taking human lives. In the modern age, we have seen cases of genocide being committed employing poisonous gas and the development of a variety of biological weapons. The misuse of medical science easily provides for the possibility of murder, and it is possible for medication to be poison as well. If this is the case, then the “human perspective” can be no other than abject fear.

Then, again as an example, and in regard to the “obligation to live” for those who are suffering and find that death is close at hand, further studies from the viewpoint of a high regard for dignified death and the right of self-determination are essential. Taken from another angle, modern man is born as a part of nature and death follows naturally. Left in anguish due to the lack of humane and logical standard to apply in regard to death, we find ourselves in an untenable position, an existence without standards for such important and fundamental concepts.

E. Next we have the viewpoint taken by society of “those who are ill.” That is, it is common to find a viewpoint in which people are divided into two groups, the healthy and the ill, comparable to disposable goods and waste matter or objects requiring mending, where those who can not be mended are thrown out. It is all too easy to consider that those who put a load on others are no more than an undue imposition. The ideology that lead to the old practices of abandoning the elderly to death in the hills, or to isolation in removed hospitals, the confinement of the mentally disturbed in “prisons,” the practice of the culling of children, old attitudes related to feminine issues like abortion and birth, the invasion of the rights of those who are socially feeble or attitudes regarding the so-called “incompetent” still remains in great measure even today.¹⁰⁾

9) Iijima, Shuichi and Kato, Nobuo, Editors-in-chief, *Ibid.*, pp. 30-32, 83-84.

10) Shimizu, Terumi, *When Nurses Question Ethics*, Japanese Nursing Association, 1995, pp. 13-149.

A further example is the fact that even now, it is has been said all too often that the perspective taken by physicians in regard to organ transplant cases dictates treating donors as a mere source of medical care supplies and handling patients without any emotional contact.

F. It has also been said that there is a tendency to form judgements and evaluate the character of patients based on previous clinical experience. For example, judgements are made classifying patients as a “hard to handle” type or a “seemingly good patient” type.¹¹⁾ Sadly enough, it is certain that this kind of willful and arbitrary human perspective exists.

II. The Proper Human Perspective in Health and Medical Care

As we have seen previously, in the original sense the subject of modern health and medical care should not be limited to or equal the “ill” alone, it should also include the healthy, or rather the whole of humanity. However, the present situation is such that there are many cases in which it is limited to the “sick.” Again, not stopping there, the situation we see today is such that there is a tendency for the interpretation of “ill” to become the “weak,” and progress on to the incompetent, the troublesome, disposable goods, waste, or items to be fixed.

Given such a situation, one can not deny the fact that “people in the field of health and medical care” have a tendency to look on patients as animal or biological specimens. To put it in more concrete terms, one can better understand the present situation as it really is if one considers the fact that people have actually been treated as “things,” “bodies in experiments,” “replacements for guinea pigs,” and “fish on the chopping board.” Furthermore, in this modern day and age, where people are subjected to a “capitalistic medical care” system, they stand the very real chance of becoming pawns in a money-making medical care system.

A situation like this is the cause of grave apprehension. With a general paralysis of idealistic feelings and no sense of moral values, human rights can be easily ignored in the field of modern health and medical care.

11) Kido, Kosei, *Communication in the Clinic*, Sogensha, 1983, pp. 138-139.

It goes without mention that, as both a biological entity and the subject of an experiment, humans should be understood as whole beings, and as such it is essential that they be treated as having “inherent human rights” and these “human rights should be exercised.”

The following are considerations on “the proper human perspective in health and medical care.”

A. The “proper human perspective” in regard to the relationship between medical care, disease and life.

First, let us consider the “proper human perspective” in fields related to medical care.

As mentioned previously, health and medical care should be understood as concepts including the prevention of disease and the maintenance of health. However, the present situation is one in which the purpose of health and medical care is limited to the treatment of disease. Due to this, the object of health and medical care is not “all human beings” but rather the “ill” and “patients.” Of course, the relationship between those in the field of medical care and patients is a human relationship that has been consciously constructed with an element of “illness” as intermediation (taking “normal people” and making them the “ill” or the “patients”). Accordingly, not only is it essential to clearly differentiate the very “people” who find themselves in these special circumstances, the maintenance of a clear awareness of “the proper human perspective” should be the starting point for improvements in medical care (centered around humans).

Thus, rather than a one-sided relationship dictated on the patients by those in the medical care field, the will to receive medical care and the pursuit of health on the part of the patients and an interpretation of patients as “humans” on the part of those in the medical care field leading to trust are all essential. Even if the patient is passive and unprotected they should be understood in whole and not as “ill people or patients” but rather as “normal people” in need of help and looking for medical care. In other words, what is required is the understanding of these people as “people” along with an active, viable relationship between them and those in the medical care field. In any case, these people must get on with the business of living in society (among

people) and it can not be ignored that the lack of understanding and cruelty on society's part are the greatest obstacles they encounter.

Allen B. Barbour has proposed the concept of "Care centered around patients." If I understand him correctly, this irreplaceable life we have been given must be cherished, and its protection is the root concept of medical care, and in regard to patients (due to their weak and unprotected nature and the fact that they are considered a troublesome existence), concern for their bodies must be portioned out with the discriminative use of technology and knowledge in order to make the most of medical care. In other words, the essence of medical care should be sympathy for the suffering caused by illness and compassion in the efforts to lessen or do away with the suffering itself and its cause. It must not be forgotten that the establishment of this kind of medical care depends on the human perspective employed by those in the field of medical care.¹²⁾

Next, let us consider the "proper human perspective" in regard to life.

When conducting a reinterpretation of what the word "human" means, it is most important to revise our thoughts on "what illness means to humans," and clarify the "proper human perspective" in regard to "life."

In other words, it is necessary to reconfirm the importance of a change from the concept of "a client living due to a doctors efforts" to that of a "living entity" and further to that of a living entity "living better."

As is commonly known, living human beings are always potentially subject to illness, and it can be said that, for each individual, "illness goes beyond the mere biological aspect, and is, in fact, an experience that deeply affects every aspect of one's life."¹³⁾ It is, indeed, necessary to understand humans from this perspective.

An even further important point is the recognition of the meaning and value of both life (irreplaceable life itself) and the act of living out a human life (a life full of possibilities). For example, when someone has contracted a difficult to deal with or an incurable disease, we need an firm understanding of a wide range of "human" aspects, such as the "fear of death" (the fear caused by imagining the pain of death), despair or nihilistic feelings, and others that are vital in these cases.

12) Barbour, Allen B., *Caring for Patients*, Stanford University Press, 1995, p. 77.

13) Iijima, Shuichi and Kato, Nobuo, Editors-in-chief, *Ibid.*, p. 18.

When considering this subject in relationship to dignified death, and in regard to the self-awareness of approaching death, the meaning of “dignified” becomes the dignity of a human being living with respect for the precious irreplaceable life one has been granted. Accordingly, dignity in this sense is composed of both a self-awareness of human dignity and the concept of actually putting into practice what this self-awareness dictates. While the use of life prolonging equipment may indeed be related to dignity in this sense, the meaning of the word is certainly not limited to such a topic, and such equipment should certainly not be employed just to simply prolong life.

Ultimately, the same holds true for euthanasia, and in reality, the problem of the fact that doctors preside over the life and death of their patients is involved here. If the medical treatment employed to lessen a patient’s suffering is not effective, it can be said that “sympathy for a patient often turns into the feeling that there are justifiable grounds for euthanasia, betraying the first precept of the medical world, ‘preservation of life.’ Here the tendency is to pay attention only to the problem of ‘life,’ and there are faults in the basic understanding we have in regard to ‘death’.”¹⁴⁾

In addition, doctors tend to equate an early determination of brain death with organ transplants. If it becomes a fixed practice that brain death leads to organ transplants, we will likely see some chaotic cases. In any case, the present health and medical care system has fundamental faults in regard to those “people called patients.” Due consideration must be shown to those approaching death.

What is in question here is the “proper human perspective” both held by those in the field carrying out appropriate medical care and, accompanied by a heavy social responsibility, the “proper human perspective” underlying value seeking social behavior in the field of health and medical care.

14) Iijima, Shuichi and Kato, Nobuo, Editors-in-chief, *Ibid.*, p. 32.

B. The “proper human perspective” in regard to the subject of “self-determination,” an “existential-like existence” and “inherent human rights.”

In regard to dignified death, the concept of “self-determination” has a large effect on the “proper human perspective.”

Fundamentally, this does not mean that one will supervise or control one’s own death, but rather that one will accept the fact of one’s death. It may be considered that, rather than a right, this acceptance is something that occurs within oneself spontaneously.

Accordingly, there arises a demand for medical care staff members who have a sound “human perspective” in regard to patients close to death and it is necessary to bring behavior in medical care into perspective as well. In other words, what is dignified death for each and every individual? In this regard, it is necessary to dig down deeper into the essential nature of the subject, especially concerning the question of the way medical care should be related to dignified death.¹⁵⁾

For example, if a patient receiving “terminal care” considers that living means enduring mental or physical suffering, and that he or she would be happier to choose death, and their decision in this matter is firm, we should probably recognize their wishes. Of course, even if the patient has the self-determination to choose death, that does not mean that euthanasia should be performed lightly. In the future, in regard to these points, I believe we will see an increase in the demand for the establishment of an appropriate “human perspective.”

Next we have the subject of the “proper human perspective” in regard to an existential-like existence and inherent human rights.

Given the state of the present development of health and medical care, recognition of the “proper human perspective” may be easily ignored.

The special characteristic, biologically speaking, of human beings is that the biological entity does not equal the physical human being. In short, if human beings are entities which have bodies which are influenced subtly by mental aspects, they are

15) Iijima, Shuichi and Kato, Nobuo, Editors-in-chief, *Ibid.*, p. 46, 90.

again entities which have a mental existence. As we live out our lives, our actions and words are based on customs and stem from a mixture of physical and mental aspects. Also, it should be well understood that the human existence, biologically speaking, is a special one in which desire is not always immediately put into action.

Next, human existence is one in which each individual lives and develops, is “perfected as a human being,” within the cooperative entity we call society. In other words, humans live out their lives and develop as human beings within and based on a cultural and social fabric, and this very existence is, down to the last thread, a cultural and social existence. Accordingly, our existence is, in this present society, both a concrete existence and an existential-like existence based on human relationships, and a conceptual or abstract law or method of categorizing human behavior alone is insufficient.¹⁶⁾

Furthermore, humans are entities with a variety of human rights, and each human existence is one which must include protection of these rights. The human existence is one which includes inherent “natural rights of man.” It should be reconfirmed that this existence is based on the desire to realize to a full extent the possibilities of one’s life based on one’s human right to exist (social welfare).¹⁷⁾

C. The “proper human perspective” in regard to medical science and international health and medical care problems.

First, we have the “proper human perspective” in regard to medical science.

It goes without saying that precisely because medical science cannot treat humans like animals, it is not possible to conduct medical experiments or biological studies like dissection freely on living human bodies. Even though medical science is a field of scientific study, various problems related to the performance of studies on humans must be alleviated before such studies can proceed. This modern age is one in which not only the question of what is the “proper human perspective” in regard to medical science being debated intensely, but also one in which we are still waiting for the establishment of medical care based on this concept.¹⁸⁾

16) Usui, Noriko, *Essay on Scientific Nursing*, Japan Nursing Association, 1997, p. 42; Komori, Kenkichi,; Yoshioka, Tsuyoshi,; Muroi, Osamu, and Minamizawa, Sadami, *Ibid.*, p. 129.

17) Ito, Ryuji,; Ueda, Kaoru, and Wada, Shigemasa, *Ibid.*, p. 204.

Furthermore, the present situation is such that it is possible for dissections or other such examinations to be performed on cadavers, as if they were just objects. However, cadavers are not just inanimate objects. In one certain sense, they are the remains of a once living human being. This view of cadavers as objects becomes the bottleneck peculiar to medical science, for no matter how much of an obstacle the concept of cadavers not being rightful subjects of dissection becomes in the development of medical science, no justifiable reason can be found to treat a corpse as if it were a mere inanimate object. That is, on top of physical substance we have life, and as we have life, we are humans. Cause and effect have lead to the totality we call human life, with goodness and justice above this. This life is a stage to the next level of existence, a valuable stage. Without this concept, humans would have no position in this universe. Furthermore, it can be said that we know not the proper attitude to be taken when humans are on the precipice between life and death.¹⁹⁾

It gives us even further misgivings to realize that the human perspective in modern western medicine is quite capable of lightly defining a perspective of life and death. For example, as seen in organ transplant cases, if the trend toward a machine-like human perspective progresses as it would seem to do so, it is quite possible that we will see a “human perspective” in which it is allowable to define a body dead with brain death for the express purpose of performing “organ transplants.”

Next, there is the “proper human perspective” in regard to international health and medical care problems.

As commonly known, in many countries all around the world, we are now faced with health and medical care problems related to life-threatening diseases, starvation and wars, all of which expose humans to the danger of loss of life. All humans, independently and on their own initiative, have the right to enjoy their existence in health within their own cultural environment. This is in accordance with the concept that WHO is striving to promote, which may be phrased, “Irrespective of the present

18) Komori, Kenkichi,; Yoshioka, Tsuyoshi,; Muroi, Osamu, and Minamizawa, Sadami, *Ibid.*, pp. 113-114.

19) Komori, Kenkichi,; Yoshioka, Tsuyoshi,; Muroi, Osamu, and Minamizawa, Sadami, *Ibid.*, p. 115.

state of human rights, religion, political situation, and the socioeconomic conditions in the various countries of the world, one of the fundamental rights of mankind (basic human rights) is the right to enjoy the highest standards of health.”

Furthermore, for example, it has been said that there has been a recent and sudden expansion of the international organ market, with high prices being paid for organs. This sense of values centered around objects, materialistic in nature, leads us to realize that there is an urgent need for the thorough promotion of the “proper human perspective” based on remorse for and reflection on the inhuman kind of “human perspective” that exists in the health and medical care world and which threatens to drag us down to its own level.

III. The Means for Realizing a “Proper Human Perspective in Health and Medical Care.”

The source of the means to realize a “proper human perspective in the health and medical care fields” lays in the adherence to the basic concept of “dignified death.” Most likely, it would not be going too far to say that the kernel of this idea is taking the concept of “dignified death” to the limit. To put this in concrete terms, it can also be said that the guarantee of self-determination (rights) is the starting point. In other words, this means the guarantee of the fundamental ability of humans, self-determination, as a right. However, the actual situation in the health and medical care fields in Japan is another matter altogether, for example in regard to terminal care, where this right is completely ignored.

A. The means to realize a “proper human perspective” in regard to the interpretation of such cases as brain death and people in a vegetable-like state.

Here we will analyze the “human perspective” seen in modern Japan in the interpretation of such cases as “brain death,” the so-called “vegetable-like state,” and the like, and offer our reflections on the current situation.

First, in my opinion, there is not sufficient agreement within the present society to impartially classify brain death as death itself, and “If brain death is not death, then

if the heart is extracted (for use in an organ transplant operation) this is murder. No matter what the situation is, we cannot take the life of a living human being” (as stated in a proposal by Juji Inokuma et al., of the National Diet Medical Care Council of Inquiry). Not only from an emotional viewpoint, but also in the eyes of the law, we consider that “organs cannot be taken from living beings.” Along with an admonishment of this disregard for “human rights” and the treatment of humans as “objects,” we must stress that the laws regarding organ transplants should not provide a pardon for the conduct of doctors.

In the organ transplant related bills before the diet, judgements in regard to brain death have been limited to cases in which the donor had previously left notice (written notice) of his or her intention to offer an organ in the case of a brain death judgement and the family agreed with this intention. In other words, cases were limited to those with brain death where the choice of death due to brain or heart malfunction was applicable.

However, in brain death cases, if the heart has stopped and a kidney is extracted, and just for example, if we should see a case where a doctor would say something like “We just got something good,” this would not only bring up the problem of whether or not the situation was directed so that there was no chance for “self-determination,” we must also be aware of the fact that, in terms of “human dignity,” this kind of problem is, fundamentally, one that we can simply not allow to exist.

However, the real situation is another matter and it has been pointed out that “we are faced with a “lawless situation” at the present in which blood vessels, kidneys and heart valves are being extracted and preserved without permission. If the organ transplant bill becomes law, the human body will become ever the more just a parts shop.”²⁰⁾ This would be the worst possible and most terrifying “human perspective” imaginable. We cannot allow the extraction of organs based on such a slipshod decision-making process.

Again just for example, we have all heard phrases like “the operation was a success but the patient died.” However, this kind of language discloses the most shameful kind of concept for a physician (a manifestation of the kind of medical care

20) “A New Age for Organs—Considerations on Brain Death and Transplants—No. 4”, Kyoto Newspaper, June 10th., 1997, Morning Edition, Front page.

built on deceit), a perspective which shows a complete disregard for human rights, a viewpoint which is, itself, actually a violation of human rights. As things stand now, the situation is such that it is easy for physicians to get even further entrenched in the fortress of their special privileges.²¹⁾ We believe that further consideration is necessary in regard to these points.

Thus, if one has the “right to choose death,” this leads to the concept that there is no “duty to go on living,” but as this concept is directly related to the issues associated with the so-called “vegetable-like state,” “dignified death,” and “euthanasia,” this subject also demands further consideration.

It goes without saying that one cannot allow the extraction of organs from people who have fallen into the so-called “vegetable-like state” (where only the brain and the spinal cord system are alive). In such cases we have no alternative but to make all possible efforts to ensure the continuation of life and a return to normal life, and the root of this concept is the acknowledgment of the value of life. This is “the proper human perspective” we are seeking.²²⁾ In other words, it can be said that, changes must be carried out towards a demand for policies calling for efforts to extend life for as long as possible, even for one extra minute, and at the same time, in a sincere respect for the meaning of life, we need to see a valid change in the direction of related political measures.²³⁾

Thus, in my opinion, in dignified death or euthanasia cases where the “taking of human life” is acknowledged (even in the eyes of the law), for example in self-determination cases where someone has chosen death, we must proceed with the utmost discretion. In regard to the handling of issues related to dignified death or euthanasia cases, this certainly applies even to situations where the medicare team and the hospital administrative facilities have employed appropriate measures to handle the situation (when performing measures like the stoppage of medical care or euthanasia).

21) Shimizu, Terumi, *Ibid.*, p. 151.

22) Tokizane, Toshihiko, *To be Human*, Iwanami Shoten, 1970, p.207.

23) Ito, Ryuji.; Ueda, Kaoru, and Wada, Shigemasa, *Ibid.*, p. 130.

B. The means to realize a “proper human perspective” in regard to the “proper medical care system.

It goes without saying that we must acknowledge the debt that modern man owes to medical science and medical care for the care we have received. Further we must consent that there are many illnesses and conditions, such as the loss of an eye, the so-called deaf-mute condition or disabilities of the arms or legs, which are beyond the reach of modern medical science.

However, given the undeniable existence of the type of experiments, operations and damage resulting from the misuse of medication noted above, one would expect that society would provide appropriate help. However, that is definitely not the case. Rather, the lack of a viewpoint placing importance on “respect for human rights,” which is required for the formation of a truly democratic society, allows us to point out the fact that the policies evident in the present medical care system mean that the debts of the strong are passed on to the weak members of this society. These medical care policies are a vital problem in regard to the daily life of the citizens of the country. For example, there is uncertainty regarding what can be expected from the tentative plan for public nursing facilities, and the rising public anger in regard to the iatrogenic AIDS problem. Furthermore, this subject includes many points which demand conceptual revision, such as the handling of life prolonging medical care with an economic bias and the efficiency of medical care and state-of-the-art medical science. As seen here, this is an age in which there is a lot of public debate on the present medical care policies in Japan based on the question of what comprises the “proper human perspective.”²⁴⁾

That is, the issue here is the way the medical system should be, the “proper human perspective” within this system.

Essentially, the medical system should function to provide, through the medium of medicine, a meeting ground between people, that is, a meeting of hearts and minds between doctors and patients. Somehow, this has been reduced to a one-sided relationship, the *technical team* versus the *patients en masse*, and the consciousness expanded on both sides to *contracts and rights*. While this is rational, the warm

24) Ikegami, Naoki and Cambell, John Creighton, *Japanese Medical Care*, Chuo Koronsha, 1996, p. v.

quality of these relationships has been diminished, bringing a sense of frustration on the side of the patients.²⁵⁾

In the original sense, *medical care centered around the patients* should place emphasis on “people, rather than patients, illness or an uncomfortable condition rather than disease, and healing rather than treatment. Patients should not simply be treated, but rather the medical care system should work in concert with the person under its care not just to eradicate a disease, but rather aim to achieve a state of health.”²⁶⁾ This is the way the medical care system, and the “human perspective,” should be, firmly established and viable.

That is, we must first realize as soon as possible that the prevalent “human perspective” is one in which the main role in medical care is played by the perspective of patients. In other words, the mind-state or perspective on the side of the medical care system, (with a deep partnership or bonding between doctors), in which thoughts like “I’ll heal you.” or “Keep quiet and leave everything to me.” do exist, is one which shows a complete disregard for the human rights of the patients. Next, we are still waiting for the development of an institution free of this perspective, a “specially appointed authority,” which will enforce a democratic stance in these affairs based on the concept of “human dignity.”²⁷⁾

In order to accomplish this, it is essential to have people in the medical care system ask themselves, What kind of perspective do I have in regard to human beings? That is, it is necessary to have a sincere stance taken by specialists in the medical care industry stressing self-improvement and *ethics* supported by self-control and self-inspection.

Conclusion

As we have shown in this thesis, the modern medical science and medical care fields must conduct both their own efforts to confirm the existence of problems within the system and sincere efforts to solve these problems. If people in these fields only

25) Iijima, Shuichi and Kato, Nobuo, Editors-in-chief, *Ibid.*, p. 17.

26) Yamagata, Kenji, *Dying a Human-like Death*, Kairyusha, 1996, p. 128.

27) Shimizu, Terumi, *loc. cit.*, p. 151.

take such actions when urged on after the fact, by developments within the society, it is dubious that they can perform their duties in regard to the people who are entrusted to their care.

Staff members in the field of medical care must suffer more, feel more pain and anguish, more than even the patients or their families, for the establishment of a "proper human perspective." This is just the kind of situation in which the American proverb, "No pain, no gain" applies ("Doctors, how you must suffer!"). If we can achieve this kind of state, then a reinstatement of a humane aspect may be achieved throughout the field of medical care.

People naively put their trust in and apply to all-powerful doctors and the bureaucracy for humane service. In response, the national government should develop and provide firmly established policies in regard to medical care based on the "proper human perspective," marked by an emphasis on humanistic values and concerns as shown here in this thesis. At least, and specifically because the present policies are not presently based on this kind of perspective, medical policies established by the Ministry of Health and Welfare and the Japanese Medical Association alone, without reference to the voice of public opinion, will bring only disorder and ruin.

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